


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90057 025 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N18278</b>					
1. Corporation Name <b>EAST BAY LITTLE LEAGUE, INC.</b>					
Principal Place of Business P.O. BOX 2395 RIVERVIEW FL 33569			Mailing Address P.O. BOX 2395 RIVERVIEW FL 33569		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/16/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		52-1242231	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEVENS, DALE 10602 RIVERCREST RIVERVIEW FL 33569				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sharon Proctor DATE 1-19-99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P <input checked="" type="checkbox"/> DELETE NAME STEVENS, DALE STREET ADDRESS 10602 RIVERCREST DR CITY-ST-ZIP RIVERVIEW FL				1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Proctor, Sharon 1.3 STREET ADDRESS 6001 Francis Dr. 1.4 CITY-ST-ZIP Apollo Beach, FL			
TITLE V <input checked="" type="checkbox"/> DELETE NAME BENNETT, STEVE STREET ADDRESS 9820 GINGER DR CITY-ST-ZIP RIVERVIEW FL				2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Grimes, Lola 2.3 STREET ADDRESS 217 Francis Dr. 2.4 CITY-ST-ZIP Apollo Beach, FL 33572 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE S <input type="checkbox"/> DELETE NAME BOHMANN, DEBRA STREET ADDRESS PO BOX 2395 CITY-ST-ZIP APOLLO BEACH FL				3.1 TITLE NO CHANGE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE T <input checked="" type="checkbox"/> DELETE NAME NESSMITH, DEBORAH STREET ADDRESS 8602 STONER RD CITY-ST-ZIP RIVERVIEW FL				4.1 TITLE Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Lamb, Cherry 4.3 STREET ADDRESS P.O. Box 681 4.4 CITY-ST-ZIP Riverview, FL 33569			
TITLE D <input type="checkbox"/> DELETE NAME PROCTOR, SHARON STREET ADDRESS 6001 FRANCIS DRIVE CITY-ST-ZIP APOLLO BEACH FL				5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Supple, Pat 5.3 STREET ADDRESS 11411 Smokethorn Dr. 5.4 CITY-ST-ZIP Riverview, FL 33569			
TITLE D <input type="checkbox"/> DELETE NAME PROCTOR, HARRY STREET ADDRESS 6001 FRANCIS DR CITY-ST-ZIP APOLLO BEACH FL				6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Moe, Rob 6.3 STREET ADDRESS 11823 Larksong Loop 6.4 CITY-ST-ZIP Riverview, FL 33569			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Proctor SIGNATURE REQUIRED 1-19-99 813-645-6012  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)